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THE PRESIDENT'S ADDRESS*

JOHN C. VINSON, M. D.,
Tampa, Florida.

Gentlemen of the Florida Medical Association:

I desire above everything else to thank you for the opportunity to serve as your President. The honor on this occasion is a double one. While I do not reside in St. Petersburg, its close proximity to Tampa makes me feel as if I were presiding in my native town and the high standard of the personnel of its medical profession leaves me unashamed.

This meeting, I hope, will be marked by some radical changes for the ensuing years. There is progress in the state of Florida, the like of which has never been equalled. We are selling to the world today our wonderfully endowed climate and promising to thousands a health-giving sojourn. A fulfillment of this promise rests wholly upon the medical profession. I presume that this body of men is familiar with the long line of disasters that has previously devastated the state.

The Florida Medical Association is contributing but poorly to the possibilities of our state.

Recommendations to Individual Members

The medical men within the state must recognize their responsibilities to the community.

It is incumbent upon every doctor to watch his community and to see that proper sanitary measures are invoked.

To cooperate with the local and state health officers in carrying out their programs, it is highly important, not only for the individual doctor, but for the medical profession as a whole, that the communities be the recipients of honest medical attention.

This can only be obtained by cooperation in action as well as spirit among the doctors in each community. There is no community in the state of Florida where more than one doctor resides but would be benefited from every standpoint if served by a cooperative medical body. Not necessarily a group of men who have for their sole purpose a division of work, but men grouped together having as their aim a more comprehensive study of each individual responsibility. Only from such cooperative medical bodies can be evolved means and measures for the ultimate prevention of sickness. I can assure you that it is a goal, the striving for which offers the most idealistic endeavor that every stimulated human mind.

Recommendations to the Society

There should be a movement of the Florida Medical Association having for its purpose a better state-wide representation of the doctors who are entitled to its privileges. There is an unappreciative attitude towards the Florida Medical Association by a large number of doctors within the state. Their attitude quite well reflects the negligent attitude of our Association. We can hardly expect the medical men within the state of Florida to be attracted merely by form.

The Society should dedicate its services to a well-defined program having for its ultimate goal the prevention of illness in the state of Florida. Inducements should be made by this Association so that research organizations of the higher class would establish adequate laboratories so that they might contribute towards the solution of our problems.

I would call to your attention that Florida is visited yearly by residents from every part of the globe and that among these visitors there is represented a large number in search of health. The possibilities for the dissemination of disease is eminent unless we cooperate in the protection of our state.

This is highly necessary for it has been conclusively demonstrated that the people within the state are not particularly interested. As proof of this assertion I would call to your attention the fact that the legislative body of this state appropriates the same amount of money for tick eradication among the hogs and cows as it does

*Delivered before the Fifty-second Annual Meeting of the Florida Medical Association, held at St. Petersburg, May 19, 20, 1925.

for the prevention of every disease among its human population.

Go home and read the statistics that show the ratio of the hog and cow to human beings in this state. It will probably surprise you to know the value of human life in the eyes of our legislators.

Your Medical Journal reflects the intellectual standing of this Association. The State Medical Journal should function in two very profitable ways. A medium through which scientific knowledge can be disseminated among the profession, and means whereby the public can be educated along hygienic lines. I would recommend that the journal be placed upon the highest plane or immediately suspended.

Now, gentlemen, there really was no excuse in the beginning for the practice of medicine. From the weird measures that were inaugurated in the dawning period of the history of man, there has gradually evolved a really essential field for human endeavor. Because some early cave man bristling with an unusual ego dipped his grimy hands into the wheels of nature offers no valid reason today for the inefficient service in the administration to the sick. We have not entirely unloosed the shackles of heritage that our queer predecessors endowed us with and as a result our position should be felt as a satisfacotry one.

The pursuit of scientific knowledge has been grossly misunderstood. There seems to be a serious misinterpretation as to the aims of science so that today we see movements being fostered that would have a far better setting in medieval times. Science is that branch of human endeavor that has for its goal the ultimate truth.

You gentlemen are necessarily scientific men and there need be no apology for the record of the past nor the hope for the future, and I now urge that we dedicate ourselves anew to the science and profession of medicine, and to the upbuilding of the dignity, the usefulness and the honor of the Florida State Medical Association.

PROCEEDINGS

of the

FIFTY-SECOND ANNUAL MEETING

of the

FLORIDA MEDICAL ASSOCIATION

HELD AT ST. PETERSBURG, FLORIDA

May 19th and 20th, 1925

The Fifty-second Annual Meeting of the Florida Medical Association was called to order at 9:30 a. m., May 19, 1925, in the auditorium of the Princess Martha Hotel, St. Petersburg, by Dr. Carl Williams, President of the Pinellas Medical Society. The invocation was made by the Rev. Kerrison Juniper, D. D. Dr. Williams then made the announcements of the entertainment features of the meeting and turned the gavel over to Dr. John C. Vinson of Tampa, President of the Association, who delivered his address.*

The meeting then adjourned. Immediately following which Dr. H. Mason Smith of Tampa, Chairman of the Scientific Program Committee, opened the scientific session.

Scientific Session

Dr. R. Beverley Tucker of Richmond, Virginia, was introduced to the assemblage by the Chairman as the guest of honor and delivered a most interesting and comprehensive address entitled, "Encephalitis." A rising vote of thanks was tendered Dr. Tucker at the conclusion of his address.

The following papers were then read and discussed:

On the Treatments of Colds, M. A. Lischkoff, Pensacola.

Cancer of Lip, Resulting Deformity, Plastic Repair, John E. Boyd, Jacksonville.

Case Reports of Plastic Repair of Mutilating Operations of Lip and Cheek Following Removal of Carcinoma, F. A. Copp, Jacksonville.

*The President's address will be found in another column of this issue of THE JOURNAL.

GENERAL MEETING OF THE FLORIDA MEDICAL ASSOCIATION

The general meeting of the Florida Medical Association was held May 19, 1925, in the auditorium of the Hotel Princess Martha, St. Petersburg, Fla., at 12:15 p. m.

Meeting called to order by Dr. John C. Vinson, President.

The following report was made by the Secretary-Treasurer and Editor, Dr. Graham E. Henson. A motion was then made to accept the report and it was seconded and carried:

To the President and Members of the Florida Medical Association, in Annual Session at St. Petersburg, Florida:

GENTLEMEN: In submitting my annual report, as Secretary-Editor of the Florida Medical Association, in general terms it can be stated that the prosperity of the entire state is reflected in the affairs of our Association. At the last annual session, there were at that time 536 paid members. At the present time there are 645 paid memberships, with a total membership roll in excess of 800. While it is recognized that our membership has not yet reached the point that it should, the last year has shown a greater increase than that of any preceding year.

The Journal of the Florida Medical Association, as has been stated in many previous reports, has long past reached the experimental stage, in

so far as its commercial success is concerned. During the year 1923-24, the average monthly earnings of the JOURNAL were $206.46, as compared with an average monthly earning for the period 1924-25 of $253.36, this showing a monthly increase in the earning power of the JOURNAL of $36.90, or slightly in excess of 20 per cent.

The scientific success of the JOURNAL is dependent entirely on the support that is given to it by the members of the Florida profession. At the present time, we are two months behind with the publication of issues, this being due entirely to the fact that we have practically no material on hand for publication. This is not as discouraging as might appear on the face, and the situation may be briefly summed as follows: Prior to the 1924 meeting, the Scientific Committee was in the habit of securing anything from 40 to 60 papers to be read or presented at the annual session. As the Association grew, this naturally produced confusion at the meetings, finally resulting in the Scientific Committee limiting the papers to less than half that number. We have received more papers for publication in the past year from the county societies than ever before. We are still short of the required number to publish and maintain the JOURNAL in its present form.

For the past year or so, there has been some agitation as to the advisability and practicability of the Association employing a full-time secretary, to look after the affairs of the Association and to edit the JOURNAL. This year the matter has taken on a concrete shape, your Executive Committee having given the matter serious consideration. Some three weeks ago, your Secretary was in conference with Dr. John S. Helms, Chairman of the Executive Committee, and discussed with him the practicability and feasibility of the suggestion. It is believed that with additional data your Secretary supplied to the Executive Committee, there is little doubt in the minds of the committee that the scheme could be made a profitable one for organized medicine in the State of Florida. It will involve, of course, an increase in State dues, probably not in excess of ten dollars a year. A further source of income to the association, should we have a full-time man, would be the matter of building up a commercial exhibit at our annual meetings. Every year, from 10 to 20 national advertisers write requesting exhibit space. In a very short time, it is believed that the Association could net a thousand dollars a year from such an enterprise.

The general scheme of employing a full-time secretary-editor has my hearty approval, provided it can be shown to be a feasible and practical solution of our present problems.

All of which is respectfully submitted.

GRAHAM E. HENSON.

Dr. John C. Vinson,
President, Florida Medical Association,
Tampa, Florida.

DEAR SIR: We have examined the records submitted to us by Dr. Graham E. Henson, the Treasurer of your Association, and enclose with this statements which, we believe, correctly set forth the business from April 30, 1924, to May 12, 1925.

The transactions are recorded in a cash book which shows all moneys received by the Treasurer and all payments made by him, each of such payments being supported by a properly endorsed paid bank cheque.

The collections recorded in the cash book were checked against the carbons of receipts issued. Beyond this the collections have not been verified.

We are glad to find that excellent receipt books have been installed and properly kept by the Treasurer since the date of our last examination.

Yours faithfully,
MUCKLOW & FORD,
Certified Public Accountants.
By George H. Ford, C. P. A.,
Member American Institute of Accountants.

WE CERTIFY: That we have examined the cash book, the paid bank cheques for the period beginning April 30, 1924, to May 12, 1925, submitted to us by the Treasurer of the Florida Medical Association;

That all disbursements made by the Treasurer are supported by properly endorsed bank cheques;

That the balance in the Florida National Bank to the credit of the Florida Medical Association on the 12th day of May, 1925, was $1,135.26;

That, in our opinion, the accompanying statements are correct.

MUCKLOW & FORD,
Certified Public Accountants.
By George H. Ford, C. P. A.,
Member American Institute of Accountants.

Consolidated Cash Statement for the Year Ending May 12, 1925.

Receipts.

Cash in bank April 30, 1924:		
General Fund	$ 224.44	
Journal	330.91	$ 555.35
Dues collected, per Exhibit B	$ 3,225.00	
Earnings from advertising pages, per Exhibit C	2,280.41	
Total Receipts		$5,505.41
Total cash to be accounted for		$6,060.76

Disbursements.

For expenses, General Fund, per Exhibit B	$ 1,120.77	
For expenses, Journal, per Exhibit C	3,814.73	
Total Disbursements		$4,935.50
Balance in bank May 12, 1925		$1,125.26

Exhibit A.

Cash Statement—General Fund, for Year Ending May 12, 1925.

Receipts.

Cash on hand, per report May 1, 1924		$ 224.44
Dues collected—Arrears	$ 840.00	
Dues collected—Current, per Exhibit D.	$2,385.00	$3,225.00
Total cash to be accounted for		$3,449.44

Disbursements.

Paid for flowers	$ 20.93
Paid for postage	20.00
Paid for printing	255.91
Salary—Secretary	600.00
Salary—Stenographer	156.82
Stationery	18.60
Telephone	7.71
Accountants' fees	15.00
Traveling Expense	8.30
Bond of Treasurer	17.50
Total Expenses	$ 1,120.77
Transferred to "Journal" account	1,500.00
Total Disbursements	$2,620.77
Balance, cash in bank	$ 828.67

Exhibit B.

Cash Statement—Journal for Year Ending May 12, 1925

Receipts

Cash on hand, per report May 1, 1924		$ 330.91
Earnings from advertising pages		$2,280.41
Cash received from the Florida Medical Association, General Fund		1,500.00
Total cash to be accounted for		$4,111.32

Disbursements.

Paid commissions on advertising	$ 185.98	
Paid discounts allowed on advertising	39.93	
Paid postage	22.36	
Paid printing	2,928.54	
Paid salary—Editor	600.00	
Paid telephone	10.65	
Paid for electro plates	27.27	
Total expenditures		$3,814.73
Balance, cash on hand		$ 296.59

Memorandum

Total expenses	$3,814.73
Total earnings	2,280.41
Net cost to the Florida Medical Association for the year	$1,534.32

Assets

Furniture	96.66	
Cash on hand	296.59	$ 393.25

Liabilities.

None

Exhibit C.

List of Dues Paid by Counties, Etc.

Alachua	$ 121.00
Bay	30.00
Columbia	35.00
Dade	240.00
Duval	785.00
Escambia	95.00
Hillsboro	415.00
Lake	30.00
Leon-Gadsden	90.00
Manatee	45.00
Marion	60.00
Orange	185.00
Palm Beach	110.00
Pinellas	345.00
Polk	355.00
Taylor	40.00
Sarasota	50.00
St. Johns	48.00
St. Lucie	35.00
Walton	35.00
Individuals	76.00
	$3,225.00

Exhibit D.

Dr. John S. Helms, as Chairman of the Executive Committee, submitted the following report:

MR. PRESIDENT AND CHAIRMAN: The Executive Committee have not had very many matters referred to them during this year. We had a meeting, I believe, on the 29th of March in Daytona. The main subject for consideration at that time was the question which was referred to by the Secretary in his report—the employment of a whole-time Secretary. This question, at this time, seems to be uppermost in the minds of the majority of the membership of this association, and is a very important subject. The plan offered by the Executive Committee or outlined by the Executive Committee at that time, which it is my duty to report to you now, briefly is about this: That the Association raise the dues to such amount as the Association may require to successfully finance the employment of a full-time Secretary and Managing Editor of the JOURNAL. We have figured that in all probability the raising of the dues to $10.00 per annum would bring us the necessary amount to conduct and edit the JOURNAL and employ a full-time Secretary. Now, it was not the question solely of employing a full-

time Secretary, but the possible employing of a lay Secretary.

We have found that some state organizations have employed lay Secretaries with success, including the states of Ohio and Wisconsin. Under this plan, the Secretary would not only be Secretary of the association, but would be Secretary to all the important committees of the association, and also the Managing Editor of the JOURNAL—not the editor of the JOURNAL insofar as the scientific side of it is concerned, but its Managing Editor. Also, he would act as the executive for the important committees that might be appointed under the Constitution and By-laws by the President, or elected by the House of Delegates.

The question of the Secretary was the pivotal point of the discussion. The idea of a Managing Editor we believe would put the association JOURNAL on the proper sort of footing to make it a greater success probably than it is now.

The idea of appointing or having appointed a publication committee either by the President or elected by the House of Delegates was another one of the ideas which was incorporated in this plan, and which would be necessary if we had a whole-time lay Secretary. The Editorial Board or Publication Committee, under this plan, would have charge and be responsible for the publication of the JOURNAL from a scientific standpoint.

This about covers the plan, I think, that we outlined at Daytona for presentation to you here at this time.

The question of revision of the Constitution and By-laws in such a way that this plan might be made possible, will be a matter for consideration. It seems to me that the Constitution and By-laws at present in operation does not authorize this change. In all probability it will be necessary to revise the entire Constitution and By-laws, and I think it would be an important matter, and I would suggest the idea, if the presentation of this plan meets with your approval, the appointing of a Committee on Revision of the Constitution and By-laws and having the whole Constitution and By-laws brought up to date.

That is about all the important matters that we had for consideration during the year, and I will present this as our report.

JOHN S. HELMS, M.D.

Motion by Dr. Adamson: "I move that the Executive Committee's report be accepted and that the Chair appoint a committee of three to consider the question of revising the Constitution of the Florida Medical Association, incorporating the plan as promulgated by the Chairman of the Executive Committee." Seconded.

Motion by Dr. McEwan to refer the matter of the report to the House of Delegates.

Substitute motion offered by Dr. Lischkoff: That the report of the Executive Committee be accepted with the recommendation that it be put before the House of Delegates for their consideration.

Dr. Adamson's original motion again presented.

Seconded and carried.

Report of Committee on Legislative and Public Policy, W. M. Rowlett, Chairman:

We felt this year that we had a hard road ahead of us as it had been reported from numerous sources that the reciprocity bill that had been drawn was sure of passage. The members of the Committee, before the Legislature went into session, went over the state pretty thoroughly. I personally visited a number of county organizations, interviewed a number of Representatives, and a number of these places that we visited, Brooksville, Lakeland, and others, the county organizations held a banquet and invited their Representative to be present, and then laid the law down to them, and without a single exception they came back with the assurance that they would vote any way that their county medical organization so desired. It is reported that after the Legislature met one or two bills for reciprocity were introduced, but that the unanimous vote was opposed to them and the bills were withdrawn.

A very strong committee, headed by Dr. E. B. Milam, a member of the Legislative Committee, went to Tallahassee from Jacksonville and while the opportunity was right succeeded in doing away with the chances of the reciprocity bill being reintroduced this year.

A bill providing for a Naturopathic Examining Board has been introduced in the House twice, and each time defeated. They are now flooding the House of Representatives as well as the Senate with literature with the hope of yet getting this bill through. So, I wish that each one of you, when you go home, would make it your personal obligation to write your Representative and tell him how to vote on this Naturopath bill. Your Representative will do just as you ask him to.

I am more convinced than ever, after my several years' experience with the State Board, that the medical profession possesses a favorable outlook in the political field of our state for primary assistance. Your Senators and your Representatives, 99 times out of 100, will do as your county organization requests them. Take advantage of this. Meet the man who is a candidate; elect the man you want, and you will have nothing to fear in the future, and conditions will continue to improve.

We are still having a little trouble with a few of the old bogus diplomas and licenses bobbing up. But, as I have said, before these are found out, it behooves every county organization to have a Foreign Legislative Committee to go thoroughly into the qualifications and credentials of every man coming into that county who has not passed the State Board. They have not the power and authority to run around over the state and prosecute these imposters—their duties are to examine the credentials and fitness of these applicants, and to keep a record for the use of their county authorities and prosecuting attorney, and to so furnish these.

Motion by Dr. Henson to accept Dr. Rowlett's report and have it spread on the minutes of the association. Seconded and carried.

Report of Committee on Clinics, Dr. Cason, Chairman. Report read by Dr. Henson.

Motion by Dr. McGinnis that this report be accepted by the association and published and the committee continued.

Seconded and carried, with the following addition: That a copy of these resolutions be sent to every public health organization in the state.

Motion to adjourn.

SCIENTIFIC SESSION

The Scientific Session was called to order by Dr. Shaler Richardson at 2 p. m. and the following papers were read and discussed:

"Report of Case of Imperforate Hymen with Retained Menstrual Fluid, Resulting in Retention of Urine," H. E. Palmer, Tallahassee.

"Rupture of the Liver and Its Complications," George E. W. Hardy, Tampa.

"Value and Limitation of X-Ray in Gastro-Intestinal Study," William J. Buck, Jacksonville.

"The X-Ray Diagnosis of Gall Bladder Disease: Cholecystrography After Intravenous Dye Infection," J. A. Beals, Jacksonville.

"The Gall Bladder," T. Z. Cason, Jacksonville.

"Surgical Treatment of Gall Bladder Disease," C. F. Sayles, Miami.

"Post-Operative Care of Gall Bladder Operations," R. O. Lyell, Miami.

"An Unusual Case of Intestinal Obstruction," L. J. Efird, Tampa.

MEETING OF THE HOUSE OF DELEGATES

County	*Delegate*
Alachua	Dr. J. Maxey Dell, Gainesville
Columbia	Dr. L. M. Anderson, Lake City
Dade	Dr. W. C. Jones, Miami
	Dr. N. J. Flipsi, Miami.
	Dr. J. A. Simmons, Miami
Duval	Dr. H. M. Taylor, Jacksonville
	Dr. R. H. McGinnis, Jacksonville
	Dr. S. A. Richardson, Jacksonville
	Dr. J. E. Boyd, Jacksonville
	Dr. R. B. McIver, Jacksonville
	Dr. F. A. Copp, Jacksonville
Escambia	Dr. M. A. Lischkoff, Pensacola
Hillsboro	Dr. C. R. Marney, Tampa
	Dr. J. S. Helms, Tampa
	Dr. E. F. Ford, Tampa
	Dr. J. B. Wallace, Tampa
Lake	Dr. W. J. Calvin
Gadsden	Dr. W. W. Massey
Leon	Dr. Henry Palmer, Tallahassee
Manatee	Dr. S. G. Hollingsworth, Bradenton
Marion	Dr. Henry Dozier, Ocala
Orange	Dr. J. S. McEwan, Orlando
	Dr. G. H. Edwards, Orlando
	Dr. J. Scott
Palm Beach	Dr. L. A. Peek, West Palm Beach
	Dr. J. R. Cason, Delray
Pinellas	Dr. C. A. Williams, St. Petersburg
	Dr. R. D. Murphy
	Dr. O. O. Feaster
Polk	Dr. Henry Watson
	Dr. R. H. Mooty
	Dr. R. L. Cline
Sarasota	Dr. Jos. Halton, Sarasota
St. Johns	Dr. A. C. Walkup

Bay, Taylor, St. Lucie, and Walton Counties not represented.

Meeting called to order by Dr. Vinson, Chairman.

Motion by Dr. Henson that the House of Delegates sit three additional men from Duval County and one additional from Polk County.

Motion seconded and carried.

Motion for the appointment of committees to draw up resolutions on the death of five former members of the association. Carried.

The following committees were appointed:

Dr. Taylor Dr. McGinnis Dr. Cason	for Dr. J. V. Freeman
Dr. Milam Dr. Arms Dr. Limbaugh	for Dr. W. W. MacDonell
Dr. Williams Dr. Peabody Dr. Feaster	for Dr. A. J. Smith, and Dr. D. B. Neely
Appointed but not named	for Dr. O. B. Lewis

Report of Executive Committee, Dr. Helms, Chairman.

Motion by Dr. Anderson to accept Dr. Helm's report. Motion seconded and carried.

Motion by Dr. Henson that the By-laws providing for annual dues, which now reads, "Shall be $5.00 per annum," be amended to read, "Shall be $10.00 per annum."

In accordance with the provisions of the By-laws the proposed amendment was laid upon the table until the following day.

Announcement by Dr. Henson, Secretary, that certain amendments to the By-laws which had been presented at the 1924 meeting were to be voted at this meeting. The proposed amendments were then read by the Secretary.

Motion to amend Article 6 of Section 2 as read by the Secretary. Seconded and carried.

Motion to amend Article 7, Section 1, as read. Seconded and carried.

Motion to amend Article 7, Section 2, as read. Seconded and carried.

Motion to amend Article 7(a) as read. Seconded and carried.

Motion to adjourn.

The Scientific Session was called to order by Dr. H. Mason Smith at 9 a. m., and the following papers were read and discussed:

"The Diagnosis of Intracranial Lesions," Ralph N. Greene, Jacksonville.

"Hemorrhage in the Newborn," N. L. Spengler, Tampa.

"The Needs and Advantages of a Mental Hygiene Movement," G. H. Benton, Miami.

"Personal Observations in Gas Bacillus Infections," Frederick Bowen and Harold D. Van Schaick, Jacksonville.

"The Role of Calcium," Carlos F. Arroyo, Tampa.

"Prostatectomy Under Regional Anesthesia," R. B. McIver, Jacksonville.

GENERAL MEETING OF THE ASSOCIATION

The General meeting of the Florida Medical Association was held at 12:00 o'clock noon, Wednesday, May 20, 1925, St. Petersburg, Florida.

Meeting called to order by Dr. John C. Vinson, President.

Dr. Joseph Y. Porter announced the completion of his compiled history of the association, which he had been requested to write, and asked that this paper be accepted by the association for publication in the JOURNAL.

Motion by Dr. James D. Love that Dr. Porter's paper be read by title and that it be accepted for publication in the JOURNAL and disposed of otherwise as Dr. Porter sees fit; also that the thanks of this association be accorded Dr. Porter for this arduous work which is to be enjoyed by all.

Motion seconded and carried.

Motion for a rising vote of unanimous appreciation to Dr. Porter for his paper and his presentation thereof for publication in the JOURNAL. Carried. Rising vote of thanks.

Annual election of officers:

Dr. J. S. McEwan of Orlando nominated for President by Dr. Ralph N. Greene of Jacksonville. Seconded by Dr. H. Mason Smith.

Motion to close nominations and instruct Secretary to cast ballot for Dr. McEwan. Seconded and carried.

Dr. Ralph N. Greene and Dr. H. Mason Smith appointed by the President to escort Dr. McEwan to the Chair.

Dr. McEwan: "Gentlemen, if I had the oratorical ability of my friend, Ralph, I would thank you in beautiful terms. All that I can say is: I appreciate this honor, the greatest honor that can be bestowed upon a professional man in the state of Florida. I hope that you men will help me. We wish to organize the medical profession in the state. It means that we must get every eligible man in the State in the association and if we can do that we can do anything. Owing to the work of our friend, Dr. Rowlett, and his committee, the Legislature has passed no obnoxious legislation this year and there will probably be nothing done. I want you men when called upon to respond, and if you are having trouble where you live, in the organization or the profession, call on the officers and we will see, and I will see personally, that you get a man down there to help you. Sometimes a stranger in the community can do a lot toward straightening things out.

"I thank you, gentlemen."

The Past Presidents' Emblem was presented to Dr. Vinson by Dr. Ralph N. Greene of Jacksonville.

Dr. Carl Williams nominated for First Vice-President by Dr. Holloway of Jacksonville. Seconded.

Dr. H. Mason Smith nominated for First Vice-President by Dr. Boyd of Jacksonville. Seconded.

Dr. L. S. Oppenheimer nominated for First Vice-President by Dr. Ross of Jacksonville. Seconded.

Dr. J. A. Simmons nominated for First Vice-President by Dr. John E. Boyd.

Motion to close nominations. Carried.

The President then called for vote by written ballot.

Motion by Dr. Boyd of Jacksonville, that only the two highest men, Drs. Williams and Smith, be voted upon. Seconded. Dr. John S. Helms raised a point of order that the motion was not in order. The Chair sustained the point of order.

Dr. L. S. Oppenheimer and Dr. J. A. Simmons requested that their names be withdrawn from the ballot and the Chair so ordered.

Vote by written ballot—Dr. Carl Williams and Dr. H. Mason Smith. Dr. H. Mason Smith, 65; Dr. Carl Williams, 56. Dr. H. Mason Smith, having received the majority of votes cast, was declared elected First Vice-President.

Dr. Carl Williams nominated Second Vice-President. Seconded and carried.

Dr. Simmons nominated for Third Vice-President. Seconded and carried.

Dr. Shaler Richardson of Jacksonville nominated by Dr. H. Mason Smith to succeed Dr. Graham E. Henson as Secretary-Treasurer and Editor of the JOURNAL.

Motion seconded by Dr. Graham E. Henson.

Motion to close nominations and instruct Secretary to cast ballot for Dr. Richardson. Seconded and carried.

Motion by Dr. L. M. Anderson, Lake City, that the Association give a rising vote of thanks to Dr. Henson for his services during the past eleven years as Secretary-Treasurer and Editor of the JOURNAL.

Rising vote of thanks accorded Dr. Henson.

Motion by Dr. Henson that the President appoint fourteen Councillors for the ensuing year. Seconded by Dr. Taylor. Carried.

Motion by Dr. Love that a set of resolutions be drawn to the Pinellas County Medical Society for their courtesies to the Association during this meeting.

Dr. Vinson and Dr. Love appointed to draw up such resolutions.

Motion to adjourn.

MEETING OF HOUSE OF DELEGATES

Meeting of the House of Delegates, 12:00 o'clock noon, May 20, 1925, St. Petersburg, Florida.

Motion to amend the By-laws, and thereby raise the annual dues from $5.00 to $10.00 was seconded and carried.

Dr. J. A. Simmons of Miami extended an invitation from the Dade County Medical Society for the association to hold the 1926 meeting in Miami.

Invitation from the Palm Beach Society by Dr. L. A. Peek, requesting the 1926 meeting at West Palm Beach.

Invitation from the Alachua County Society by Dr. J. Mary Dell, requesting the 1926 meeting at Gainesville. Seconded by Dr. H. Marshall Taylor, of Jacksonville.

Voted by ballot. Invitation to Gainesville accepted.

Motion made to extend an invitation from the Florida Medical Association to the Southern Medical Association, to meet in Miami, Florida. Seconded and carried.

Dr. Helms of Tampa submitted the plan of his committee for revising of the Constitution and By-laws.

Motion to adjourn.

The Scientific Session was called to order by Dr. John A. Simmons at 2 p. m., and the following papers were read and discussed:

"Modern Methods of Diagnosis and Treatment of Ureteral Calculus," E. S. Gilmer, Tampa.

"Stricture of the Esophagus Due to Lye Burns," Joseph Halton, Sarasota.

"Roentgen Diagnosis and Bronchoscopic Treatment of Lung Abscess," W. J. Knauer, W. McL. Shaw, Jacksonville.

"Focal Infection as Related to Systemic Disease," Albert T. Summers, Miami.

"The Laboratory as a Practical Aid to Diagnosis," Walter C. Jones, Jr., Miami.

Upon motion, duly seconded, the Scientific Assembly adjourned *sine die*.

PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF THE FLORIDA RAILWAY SURGEONS' ASSOCIATION

Held at St. Petersburg May 18, 1925

The Sixth Annual meeting of the Florida Railway Surgeons' Association was called to order at the Princess Martha Hotel, St. Petersburg, Flor-

ida, May 18, 1925, by Dr. John D. Peabody, Chairman of Committee on Arrangements. After the invocation by the Rev. W. W. Williams, the Honorable R. N. Pearce, Mayor of St. Petersburg, delivered an address of welcome. The response was made by Dr. L. S. Oppenheimer of Tampa. Dr. H. E. Palmer of Tallahassee, President of the Association, then deliverd his address.

PRESIDENT'S ADDRESS

To the Association of Florida Railway Surgeons.

Mr. Chairman and Members of the Association of Florida Railway Surgeons: I desire again to express my thanks and appreciation for the honor done me at our meeting in Orlando last May when you elected me President of this Association.

It is a great pleasure to preside over this meeting in the progressive city of St. Petersburg, to see its wonderful growth and to partake of its generous hospitality. All Florida is proud of the achievements of the Sunshine City. Its success and progressive spirit is an inspiration to other section of the state.

We meet in annual convention to renew old friendships and to make new ones, to listen to instructive papers, swap ideas and exchange experiences. We also meet to solve the problems coming up for the good of organized medicine; to direct, strengthen and build up our association.

Let us all realize our interdependence and the necessity of thorough organization for the mutual uplift and benefit of our profession.

I wish to call your attention to certain facts and figures relative to the physicians and surgeons employed by the various railway systems in Florida. The systems of railways in the state and the number of medical men employed by them are as follows:

Live Oak, Perry & Gulf Railway employs	3
Georgia, Florida & Alabama employs	5
Georgia Southern employs	7
Louisville & Nashville employs	15
Atlantic Coast Line employs	49
Seaboard Air Line employs	51
Florida East Coast Railway employs	69

This makes a grand total of 199 physicians and surgeons employed by these various railway systems.

Let us go a little further and ascertain how many of these medical men are active members of our association. For convenience of classification we will divide them into active members, non-members and lapsed members.

	Active Members.	*Non-Members.*	*Lapsed Members.*
L. O. P. & G. Ry.	1	2	0
G. F. & A. Ry.	0	5	0
Ga. Southern Ry.	3	4	0
A. C. L. Ry.	31	18	2
S. A. L. Ry.	26	23	3
F. E. C. Ry.	57	11	9
	114	71	14

This gives us 114 active members, 71 non-members and 14 lapsed members. Thus, you see that out of a total of 199 surgeons eligible to membership in the association only 114 have availed themselves of this privilege and honor. Nearly fifty per cent of the surgeons are either indifferent to or do not appreciate membership in the association.

We have depended too much upon our faithful secretary to keep the association running. He cannot do it all. He needs your sympathetic encouragement and help. It certainly speaks well for his devotion and industry that the association has progressed thus far. I am willing to give him full credit for keeping it alive and going.

I do not believe that the importance of organization and cooperation has been impressed upon these non-members. It should be the duty of every member to get in touch with these men and use every effort to prevail upon them to join the association. Just think of the splendid material and potential power for good among these 85 men going to waste, as it were, because of non-activity in our association. We need them and they need us to help solve the daily problems that confront us in our professional activities. Let us go after and get them. I feel that it is only necessary to call your attention to this undesirable situation to have it corrected by our next meeting.

The minutes of the previous meeting were read and approved, as were the reports of the Secretary-Treasurer.

The Scientific Program.

"Abrasions," by Dr. T. M. Rivers of Kissimmee. Discussed by L. M. Anderson, Lake City, Mary Freeman of Perrine, and Fred Albee of New York, and closed by essayist.

"Endarteritis Obliterans," by Dr. H. E. Palmer of Tallahassee. Discussed by Drs. F. J. Waas of Jacksonville; John W. Alsobrook of Plant City; Fred H. Albee of New York and John E. Boyd of Jacksonville, and closed by essayist.

"Rehabilitation Surgery," an illustrated lecture by Dr. Fred H. Albee of New York, the guest of honor.

Business Session.

Sixteen new members elected to the association.

Election of officers for ensuing year resulted as follows:

President, Dr. Joseph Halton of Sarasota.

Vice-President, Dr. John D. Peabody of St. Petersburg.

Secretary-Treasurer, Dr. E. W. Warren of Palatka, reelected for four years.

Appointive Committees:

Scientific program, Drs. G. H. Edwards, J. W. Alsobrook, J. M. Dell.

Arrangements, Drs. G. C. Tillman, together with all other local surgeons of Gainesville.

A resume of the membership of the local surgeons of the three great railroad systems of the state show that out of a staff of 69 local surgeons of the Florida East Coast Railway 57 are active in the association; the Atlantic Coast Line Railroad, 31 active members out of a staff of 51; while the Seaboard Air Line out of a staff of 52 has 26 active members.

A drive to get every local surgeon in the state into the association during the coming year was undertaken.

Dr. Joseph W. Burke, chief surgeon of the Seaboard Air Line Railway, was present and gave a delightful talk and gave the association the encouraging hope that in the reasonably near future all the railroads in the Southeast would in all probability give interchangeable transportation to local surgeons and their families.

REGISTRATION

The following members and guests registered during the Fifty-second Annual Meeting of the Florida Medical Association held at St. Petersburg, May 19-20:

John C. Vinson	Tampa
Graham E. Henson	Jacksonville
A. S. Hawkins	Clermont
H. Mason Smith	Tampa
Wm. J. Knauer	Jacksonville
Shaler Richardson	Jacksonville
E. T. Craney	Orlando
W. T. Lanier	Miami
W. H. Spiers	Orlando
Wm. E. Ross	Jacksonville
H. M. Taylor	Jacksonville
W. S. Nichols	State Board of Health
C. H. Kirkpatrick	Arcadia
Robt. B. McIver	Jacksonville
Wm. W. Kirk	Jacksonville
Julian Gammon	Jacksonville
Louie Limbaugh	Jacksonville
P. D. Biddle	Brewster
E. M. Brevard	Tallahassee
F. A. Brink	Jacksonville
J. L. Kirby-Smith	Jacksonville
R. O. Lyell	Miami
B. L. Arms	Jacksonville
J. E. Maines	Lake Butler
W. S. Hancock and wife	Brooksville
T. Z. Cason and wife	Jacksonville
Wm. McL. Shaw	Jacksonville
G. M. Lochner	St. Petersburg
Haynes Brinson	Kissimmee
Stanley Erwin	Jacksonville
H. P. Thomson	St. Petersburg
F. Richards	Jacksonville
Clarence D. Rollins	Jacksonville
William J. Calvin	Eustis
T. H. Green	St. Petersburg
Walter E. Jones	Miami
Jas. D. Love	Jacksonville
W. W. Farnell	New Smyrna
Gilbert H. Hodgson	Tampa
Donald T. Babcock	Miami
J. Brown Farrior	Tampa
Alvin L. Mills	St. Petersburg
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A. H. Freeman	Jacksonville
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H. F. Watt	Ocala
D. W. Harris	Miami
J. M. Dell	Gainesville
A. T. Summers	Miami
J. A. Simmons	Miami
B. F. Eckman	Homestead
John S. Helms	Tampa
H. S. Geiger	Kissimmee
C. J. Marshall	Sanford
S. E. Wilhoit	Quincy
Gaston Day	Jacksonville
John A. Beals	Jacksonville
B. S. Clay	West Palm Beach
Ernest Milam	Jacksonville
B. W. Lowry	Tampa
M. M. Andrews	Orlando
H. W. Gwynn	Orlando
Max Gerthler	Miami
F. J. Costa	Tampa
G. G. Bottari	Tampa
Luke Holloway	Jacksonville
H. C. Welch	St. Petersburg
J. H. Hodges	Gainesville
W. P. Adamson	Tampa
T. S. Field	Jacksonville
C. R. Wilcox	Jacksonville
E. J. Melville	St. Petersburg
W. J. Vinson	Miami
S. G. Hollingsworth	Bradenton
Homer L. Pearson	Miami
Geo. R. Creekmore	Brooksville
R. E. Wilhoyt	Lake Wales
L. Lambdin	St. Petersburg
W. J. Holton	Plant City
W. T. Langley	Sanford
G. S. Osincup	Orlando
P. M. Lewis	Orlando
W. S. Pyatt	Bowling Green
R. M. Harris	Miami
Wm. W. Massey	Quincy
D. H. Simmons	DeFuniak Springs
G. Fraser Wilson	Miami

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A. C. Walkup . . . . . St. Augustine
R. L. Cline . . . . . Lakeland
M. D. Thomas and wife . . . . . Miami
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A. D. Draper . . . . . Tampa
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H. M. Beardall . . . . . Orlando
A. McJobson . . . . . Tampa
Franklyn Thorpe . . . . . Tampa
R. E. Glass . . . . . Tampa
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Dr. John S. McEwan, of Orlando, President Florida Medical Association.

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OUR PRESIDENT.

Dr. John S. McEwan, of Orlando, was unanimously elected President of the Florida Medical Association at the Fifty-second Annual Meeting held in St. Petersburg, May 19-20. This laurel was bestowed upon one who has been ever active in all the phases of organized medicine.

Dr. McEwan received his preliminary education at the University of the City of New York, later receiving his medical degree from Northwestern University. From 1905-1906, he served as resident physician at the New York Hospital. In 1906 he came to Florida to locate at Orlando. During the World War, Dr. McEwan served as Chef de Medicin with the American Ambulance Hospital No. 2 at Juilly, France.

His interest in association affairs has always been keen and during the past year he served as First Vice-President. He is a member of the Southern Medical Association, American Medical Association and Southern Surgical Association.

Under his loyal guidance the Association is assured a most progressive administration.

THE ST. PETERSBURG MEETING

The St. Petersburg meeting was replete with profit and pleasure to our members. Those taking part in the Scientific Program are to be congratulated on their excellent presentations. The papers were most interesting and of immeasurable practical value. The publication of preliminary abstracts has certainly aided materially in the value of the discussions. The wisdom of reducing the number of papers read and limiting the time for the reading and discussion of same was obvious, for during each session the allotted papers were read and discussed without time conflict.

The entertainment features arranged by the Pinellas County Medical Society were enjoyed by our members and guests. The banquet was the outstanding social event and was a fitting compliment to the excellent attendance. The members of the Pinellas County Medical Society are to be congratulated on their hospitality.

THE SUCCESS OF THE JOURNAL

Great enthusiasm was kindled at the St. Petersburg meeting over the possibilities of our association and JOURNAL during the coming year. The newly organized editorial staff assumed their duties with the preparation of this issue and will endeavor to make the publication one that is worthy of its membership. However, it is only by manifest effort and cooperation on the part of our entire membership that we can succeed. A geographical distribution of associate editors has been made in order that each section of the state might share alike in the work.

The quantity and quality of original articles appearing in the JOURNAL will determine whether or not it is worthy of our efforts. Excellent papers are read before the county societies throughout the year and these should appear in the JOURNAL. The Secretaries of the societies are urged to forward same to the Editor.

The organized hospital staffs are likewise requested to forward all papers and case reports presented at their meetings.

The curtailment of the number of papers read at our annual meeting has necessarily reduced the number of original articles available for publication in the JOURNAL. For this reason it is now imperative that the county societies and hospital staffs supply the original articles for our pages.

A state and county news department has been created and news items should be forwarded promptly in order that they may be published while current.

Your hearty cooperation is asked for. Suggestions will be welcomed. Let us strive for the production of a JOURNAL worthy of our association.

THE ORTHOPEDIC DEPARTMENT OF THE FLORIDA STATE BOARD OF HEALTH

It is not generally known that the State Board of Health has reopened the Orthopedic Department, which was closed in June of 1922 and until July of 1924. There are reasons to believe that the number of crippled children in the state is much greater than generally supposed, and the majority of these cases are in destitute circumstances, and unable to secure proper treatment. Only a few of the larger cities have any facilities at all for caring for the crippled child; while those living in the smaller towns and rural districts have had almost no chance at all to secure proper treatment.

It was for this class of indigent cripples that the department was reorganized. Any child, white or black, who has a correctible deformity and is unable to pay for private treatment is eligible. Parents are asked to contribute whatever they are able to do towards the actual cost of such treatment. The state does not pay transportation to and from Jacksonville, where the work is being done, at St. Luke's and Brewster Hospitals. About seventy patients were treated during the past year.

The facilities are limited, as yet, and often it is necessary to wait two or three months before a hospital bed is available.

Those desiring further information should write to the Orthopedic Department, State Board of Health, Jacksonville, Florida.

CONCERNING ENCEPHALITIS*

BEVERLEY R. TUCKER, M.D.,

Professor of Nervous and Mental Diseases, Medical College of Virginia, Richmond, Virginia

In 1890 and 1891, following the great epidemic of la grippe, Trautjen, in Germany, Hammerslough and Mauthner, in Austria, and Gray, Pritchard and Shulz, in this country, described cases of noma or encephalitis. Little or nothing was again heard of the condition until March 8, 1919, when cases were reported by the health authorities of Evanston, Illinois, and Pothier published an article on lethargic encephalitis in the *Journal of the American Medical Association*. This was followed by an editorial and special article, in the same journal, on March 15th, and an article in the April 5th issue by Basso, entitled Epidemic Encephalitis. In the May 17th issue, 1919, the writer reported eleven cases, with autopsies on two of them, under the title of Epidemic Encephalitis Lethargica. In this report the opinion was expressed that the condition was either a manifestation, or a recrudescence, or recurrence of influenza, or, in certain cases, the expression of influenza *per se*. Time has produced no evidence sufficient to modify this opinion. It was also stated that since the height of the influenza epidemic in 1918 there had been observed, all over the country, numerous cases of influenza which had as sequelæ vertigo, depression of spirits or mania and one or more cranial nerve affections, and the opinion was expressed that these cases were due to encephalitis of more or less severity. To this statement we are still inclined to hold.

Further observations were made that epidemic encephalitis lethargica seemed to be due to congestion of the pia and the encephalon, chiefly at the base of the brain, and to be accompanied by a slight inflammatory exudate affecting various cranial nerve roots and causing, as a rule, increased intracranial pressure with increased globulin content and increased cell count in the fluid. It was stated that examination of the blood presented an almost constant leukocytosis and commonly an increase in the urea content. It was further stated that we appeared to be dealing more with a syndrome than with a new disease, and that this syndrome was chiefly manifested by moderate transient elevation of temperature and

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***Read, by invitation, before the Fifty-second Annual Meeting of the Florida Medical Association, held at St. Petersburg, May 19-20.**

frequently by headache, vertigo, vomiting, conjunctivitis, diplopia, choked disc, various cranial nerve palsies, muscular regiditis, changes in reflexes, increased cerebrospinal fluid pressure with increased cell count and globulin content, increased blood urea, and last, but not least, somnolence, from which the patients may be aroused for food and medicine, but in which they usually lie without change of position or expression, and had incontinence of urine and feces. The opinion was expressed that the somnolence was chiefly due to pressure and inflammation of the pituitary gland.

Some of these statements, since our knowledge of the condition has increased, need modification in that we find the cerebrospinal fluid pressure increased in about fifty per cent of the cases and increased cell count in one-third of the cases; the globulin increase is practically constant; leucocytosis is chiefly confined to the acute cases; the chronic form of the condition and its sequelæ have been further studied and classified and we have found that somnolence, not to be confused with lethargy, is comparatively rare. What we at first took for somnolence we find is frequently due to an immobile expression from double facial nerve weakness and double ptosis, the patients being only apparently asleep and may even be suffering from insomnia. We find that many of the cases do not have incontinence. Neither do we now believe that the pituitary congestion, found at autopsy in some of these cases, has anything to do with somnolence.

Since 1919 medical literature has been flooded with articles dealing with encephalitis, but nothing positive has been brought forth in regard to its specific etiology. Lowe and Strauss have reported a filtrable virous in the cerebrospinal fluid and nasopharyngeal washings in some cases and these findings have been partly confirmed. Barker[1] states that the influenza bacillus is absent from the cerebrospinal fluid and that the infectious agent of the grippe group can give rise to metastatic encephalitis, but believes the whole matter is unsettled. Alexander[2] isolated the influenza bacillus of Pfeiffer from the throat and nose of fifteen out of twenty encephalitis cases examined. The organism of influenza has not been identified in the brain. Description of the symptoms in the acute stage have been somewhat elaborated, but nothing of great additional importance has been observed. But little has been added to the early autopsy reports. However, the cerebrospinal fluid findings have been standardized. In the study of the fluid from primary lumbar punctures in forty-five cases the writer found the globulin content increased in forty-two, pressure increase in twenty-three and moderate cell increase in thirteen cases. The advances which have been made consist, chiefly, in the observance and classification of various physical sequelæ in both acute and chronic cases, in more careful and clarified differential diagnosis, in a better understanding of mental and conduct disorders accompanying or following encephalitis and in the treatment of both the acute and chronic forms of the condition. It is with the advances in these four fields that we shall largely concern ourselves in the present paper.

Complications and Sequelae

Acute cases of encephalitis may be complicated with influenzal pneumonia. Several of our cases died of this complication. In some cases, acute increased intracranial pressure, with or without dilated ventricles and with or without choked discs, may occur. Hemiplegia or other manifestations of cerebral hemorrhage may occur in the course of the disease. Cerebral thrombosis may occasionally take place. Polynueritis is not uncommon. One of our cases was complicated by a general vascular infection of streptococcus veridans. Meningitis may complicate the condition and in fact many cases deserve the diagnosis of meningoencephalitis. Various states of delirium and confusional mental disturbance are seen, at times, in acute cases.

In chronic cases several forms of involvement of the corpus striata and lenticular nuclei occur. These more or less resemble Parkinson's disease and the Wilsonian syndrome. Unlike Parkinson's disease, the tremor is not usually of the flexor, pill-rolling type, but is either constant, intention, or a mixed flexor and intention tremor. Also, unlike Parkinson's disease, the motor branch of the trigeminal nerve frequently shows much greater involvement and it is not uncommon for chewing to be extremely difficult. One of our cases would take as long as two hours to masticate a light meal. In these cases saliva drolls and the lower jaw sags. Unlike the Wilsonian syndrome the liver is rarely enlarged. A choreiform type of encephalitis has also been observed.

1. Archives of Neurology and Psychiatry, August, 1921, vol. 6, No. 2, p. 173.
2. Archives of Neurology and Psychiatry, July, 1921, vol. 6, No. 1, p. 44.

Differential Diagnosis

In acute cases of lethargic encephalitis a differential diagnosis must be made from acute infective and toxic conditions in which there is malaise, lethargy and obscuration of consciousness. This may be done by observation of temperature curves, the character and rate of the pulse, analysis of the clinical picture and various laboratory tests, for instance the Widal reaction, blood count, Wassermann test, blood culture, urine and spinal fluid examinations. Hence the resemblance, in certain cases, to typhoid, pyelitis, acute cerebrospinal lues, pneumonia and meningitis should be borne in mind.

In chornic cases, as already mentioned, a differential diagnosis of encephalitis with Parkinson's syndrome must be made from true paralysis agitans. Many cases resemble, in symptomatology, cerebral abscess, but the manifestations of encephalitis are more diffuse and hence less focul than abscess, and a ventricular puncture with air injection and X-ray of the ventricles is of value in brain abscess or tumor determination, but not in encephalitis. Many cases of encephalitis, when the condition is more pronounced in some area or another of the brain, have been operated upon for brain abscess or brain tumor. One must also bear in mind cerebral injury, hydrocephalus, bulbar palsy, paresis and other forms of cerebrospinal lues, pansinusitis, cerebral poliomyelitis, cerebral aneurism and hemorrhagic pachymeningitis interna. Heine-Medin disease, producing poliomyelitis, polioencephalitis, cerebritis and multiple neuritis has been mentioned in differential diagnosis, but clinically it is not particularly similar to encephalitis.

Sato and Yoshimatan[3] report a peroxidose test on myeloid leucocytes, which is negative in acute encephalitis but positive in all other diseases. The test is complicated and in acute typical cases the diagnosis may be clinically made.

Mental and Conduct Disturbance.

Mental disturbance may occur in both the acute and chronic phases of lethargic encephalitis. In fact lethargy and malaise in themselves may be considered mental disorders. Clouding of consciousness may, at times, deepen to true unconsciousness. Delirious and confusional states may be observed in the acute cases.

Emotionality, at times, occurs with tears pouring from lids half closed with ptosis and trickling over an expressionless face. Delusions and hallucinations during the acute stage are rare.

In chronic cases many and varied phases of psychotic disturbance occur. It is conceivable that a localized encephalitis of the prefrontal areas may occur, especially as many mental cases do not manifest the symptoms of generalized encephalitis. Psychoses may follow influenza in whom there are no signs of encephalitis, or in cases in whom encephalitic symptoms have been present and disappeared, or in cases in whom there is residual evidence of encephalitis. These psychoses may exhibit mania, melancholia, delusional or confused states or signs of dementia. The milder states of psychoneurosis, psychomotor retardation, agitation, irritability and emotional instability are of frequent occurrence. These various psychotic states may be transient or permanent.

Probably the most interesting of the sequelæ of encephalitis are disorders of conduct. These run to no particular syndrome. Loss of the sense of values may occur, which is marked by reckless expenditures, carelessness in accounts, check flashing, forgery and theft. Persecutory, accusatory, hypochondriacal and psychoasthenic ideas may develop which may lead to conduct irregularities of almost any variety. Individuals may undergo a change of personality and the mental processes may be either accelerated or retarded. One of our cases, a boy of ten, had influenza followed by encephalitis from which he apparently recovered. He returned to school and from having been a rather dull and backward scholar became so bright that he led his classes. He began to commit petty thefts and a few months later stole a horse and buggy which he drove to a town eight miles distant and sold for ten dollars. This money he immediately squandered. The boy showed mental excitability, lessened reason and judgment and lack of emotionality. It was considered that he probably had prefrontal adhesions, but two eminent brain surgeons refused to do an exploratory operation and he is now in a state reformatory.

It may be justifiable, therefore, in cases who previous to encephalitis manifested no marked conduct irregularities but who after encephalitis exhibited changes in conduct and personality, to assume that these changes were brought about by cerebral damage due to encephalitis.

3. Sato and Yoshimatan, March, 1925. Amer. Jour. of Diseases of Children.

The Treatment of Encephalitis

Symptomatic medication is of some benefit in treating the condition. It should be remembered that many of the cases with ptosis and other cranial nerve palsies are usually only apparently somnolent and may require hypnotics for insomnia. In the paralysis agitans type hyoscine in small repeated doses, or hyoscyamus may be of some benefit. Lumbar puncture, repeated upon the judgment of the physician, for the relief of increased intracranial pressure is valuable and may tend to prevent permanent brain damage. Hydrotherapy and massage are useful. Mercurochrome solution hypodermically has been used with reported benefit in a few cases. The most effective treatment, however, is the administration of intraspinous autogenous serum.

During 1917, R. D. Moffett suggested intraspinal autoserum treatment in chorea. Febdel, in Germany, in 1920, treated lethargic encephalitis by intraspinal injection of autogenous serum and reported improvement from the treatment. Brill, of Portland, Oregon, in 1920, reported five cases treated with autogenous serum intraspinally with marked improvement in four cases. The writer[4] began, independently, in 1919, to treat certain cases of encephalitis by the intraspinal injection of autogenous serum, and in 1924 reported nineteen cases so treated.

Method of Preparing Autogenous Serum for Intraspinal Use

Forty c.c. of blood is withdrawn and placed in either two or four sterile centrifuge tubes. This is allowed to clot and then centrifuged until clear serum is obtained. The serum is then pipetted into another sterile centrifuge tube and recentrifuged at a high rate of speed to get rid of the remaining red cells. This serum is then placed in a sterile test tube and inactivated in a water bath at 56 degrees C. for forty-five minutes to one hour. From 6 to 12 c.c. is injected intraspinally.

It is well to use a sensitizing dose of 1 c.c. intradermally before giving the intraspinal injection. When this is done, the blood should be taken twice in order that the serum for the treatment will be fresh.

Method of Injection

A lumbar puncture is made as usual, 20 to 40 c.c. of cerebraspinal fluid is withdrawn, and a 20 c.c. syringe with a rubber adapter is connected to the lumbar puncture needle. Several cubic centimeters of spinal fluid are allowed to run in the syringe to displace the air and act as a dilutent to the serum, which is now added. The plunger of the syringe is inserted and the fluid injected under gentle pressure.

Of the nineteen cases reported two uncomplicated acute cases promptly recovered. One acute case, complicated with pregnancy and acute exophthalmic goitre, died in several weeks, although the encephalitis symptoms improved after treatment. Another acute case, complicated with pneumonia, died in three days of pneumonia and this is the only case in which improvement did not follow treatment. Of the others, three were uncomplicated chronic cases, nine cases had chronic encephalitis complicated with Parkinson's syndrome, and improvement occurred in all of these cases. One other case of chronic encephalitis was complicated with spinal myelitis and another with hysteria and feeble-mindedness, and still another with chronic chorea; all of these also improved.

In two cases severe, apparently anaphylactic, reactions were noted. This induced us to give intradermally 1 c.c. of the serum before attempting treatments. If the patient is susceptible, reddening from an inch to two inches in diameter will be seen at the point of injection, and there may be a slight increase in temperature and pulse rate. It is wise to give the intradermal test as a routine. The intraspinal injections may be given as frequent as a few days apart, but it may be best to give them a week apart. We have given as many as seven treatments to a chronic case.

To summarize, let me say that when we see a case of influenza there is one chance in several thousand that the case will develop some form of encephalitis, either during the attack or as a sequel. In some instances it may be that encephalitis is an evidence of influenza per se, *i. e.*, brain influenza, just as one speaks of gastrointestinal influenza.

When encephalitis exists there is an acute stage usually with slight febrile reaction, mild leucocytosis, headache and malaise. The acute case may recover satisfactorily, may go into a chronic phase or may die. About twenty per cent of the acute cases have choked discs. Various reflex changes and cranial nerve palsies occur. Some form of tremor is almost a constant finding. Incontinence is rare. Somnolence

4. Journal Nervous and Mental Diseases, October, 1924, vol. 60, No. 4, p. 347.

is rare and is usually only apparent, because of ptosis and facial weakness.

Chronic encephalitis may persist in the lethargic state for days or weeks or months. One of our cases was in this state for 129 days. Autopsy disclosed enormously distended ventricles. The chronic cases may have generalized encephalitis or it may become more or less localized, manifested chiefly by psychic and conduct disturbance, Parkinsonian symptoms, basilar irritative phenomenæ or forms of paralysis. The chronic cases may recover, remain indefinitely affected or gradually progress to death. The most satisfactory treatment in our hands is the introduction of autogenous serum intraspinally.

Anyone who thinks that the diagnosis and treatment of lethargic encephalitis, in its various phases, is a simple matter is either inexperienced or deluded. There is hardly a neurological condition presenting a greater complexity of symptomatology, or as far as the chronic stage is concerned, fewer definite therapeutic indications. It would seem that further study should be especially directed toward the discovery of the causative organism, toward prophylaxis in the better control of influenza, toward a more comprehensive and detailed classification of the neurologic and psychiatric manifestations and toward the introduction of more definite vaccine or serum therapy.

212 W. Franklin Street.

CONGENITAL CLUBFOOT

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Children have been born with clubbed feet in every race, climate and age of the earth, as far back as the history of man is known. Neither color, sex, climate nor race are apparent factors in producing this condition. Heredity does not account for it. The actual cause of clubfoot, as in many other congenital defects, is still a matter of conjecture; largely because such conditions are not recognized until after birth, when all clues as to their etiology have vanished. Therefore, prevention, or prophylaxis, is impossible today. At least in our present state of knowledge, it seems safe to conclude that we will continue indefinitely to see children born into the world with such deformities. In fact, no community of any size is free of them; for it is estimated that one child out of every two thousand is born with one or both feet deformed. The diagnosis presents no difficulty, as every layman is familiar with the condition. There was an age in our history of civilization when these unfortunate cripples were deliberately destroyed. But as man became more civilized, he allowed them to live and enjoy life as best they could with their deformities. In our present humanitarian age, we not only let them live but try to salvage these partial wrecks of humanity. For many centuries,

Case No. 1, "E. B." Before treatment.

Case No. 1, "E. B." After treatment.

Case No. 2, "M. M." Before treatment.

Case No. 2, "M. M." After treatment.

however, the medical profession was almost, or totally helpless in relieving such conditions. Indeed, it was only during the past generation that the treatment for congenital clubfeet became standardized to a degree where anything like consistent results were obtained. Certain it is, too, that the treatment has not yet been perfected;

Case No. 3, "N. D." Before treatment.

Case No. 3, "N. D." After treatment.

but enough so to make it a crime against humanity and a slur on the profession as a whole, to allow any child so afflicted to reach maturity untreated.

The object of this paper is to summarize, briefly, the methods of treatment now being used; and to show, with the aid of a few photographs, something of the results to be expected in a given case. The author does not claim to have discovered or developed anything new concerning clubfoot, but he does hope to be of some service in helping to solve this problem which confronts us today.

In this condition, as in practically all other diseases, the earlier treatment is begun the better is the end result. In fact, treatment should begin almost at birth, and certainly during the first six months of life. When proper treatment is begun in infancy and continued long enough, feet that are normal in size, shape, and function, can be obtained. When improper or no treatment is had for the first seven or eight years, a degree of deformity requiring operative correction, and a lack of development is obtained which can never be restored to normal. However, a foot that is stable and painless in walking and looks normal in shoes, is to be preferred by all standards to the original deformity; for it makes the individual a more useful and independent citizen by increasing his physical fitness and removing from his mind the social stigma of being a cripple.

In early infancy, daily manipulations to correct the varus and equinus and inversion of the foot, pushed to the point of endurance, is all that is necessary in many cases. Usually, however, it is advisable to maintain the correction obtained by means of adhesive plaster strapping, reapplied each week. The mother can usually be instructed how to continue such treatment at home with monthly visits to the physician's office for observation. Some cases, even in infancy, are very resistant to manual correction, and when the deformity is very severe, repeated corrective plaster casts are indicated at first. The cast should hold the foot in the maximum amount of correction and extend to the mid-thigh with the knees flexed. They should be reapplied every month, and when properly done, will not cause any particular discomfort or pressure spots. One to two weeks after applying a cast, a dorsolateral wedge should be removed from over the instep, and any further correction obtained must be preserved by a few more turns of plaster about the foot and ankle. In this manner, it is possible to over-correct the worst kind of clubfoot in young children within a few months' time, without ever resorting to surgery. Children up to seven or eight years of age can be cured by this method, although it requires a great deal of time and patience on the part of all concerned. Whenever time and circumstances permit, all cases should be treated this way, as it lessens the amount, and facilitates the operative procedures that necessarily follow.

The social and financial status of the patient often influence the method of treatment to be instituted. There are many cases where, because of distance, or financial conditions, or lack of parental cooperation, it is impossible to see the patient frequently, over prolonged periods of time. Here quicker, but less conservative means must of necessity be used. Under such conditions, time can be saved and still results not sacrificed by resorting to ether manipulation, especially in the older cases. With the patient anesthetized, and by twisting the foot by hand, or with a Thomas wrench, or bending it over a wooden wedge, the severest kind of deformity

can often be corrected in from three to six sittings. The manipulations should not be done oftener than once a month, while plaster boots are worn in the meantime to maintain the corrected position.

In the old untreated cases, the tarsal bones have become so distorted, hypertrophied and displaced, that complete correction by manipulations alone cannot be secured. Here the problem is more difficult and one is obliged to resort to operative surgery to secure and maintain correction. Always, when quick and permanent results are desired, bone operations are necessary, especially so in the adolescent or adult cases.

Case No. 4, "A. J. S." Before treatment.

Case No. 4, "A. J. S." After treatment.

Operative correction of clubfeet usually consists of tenotomies of contracted tendons and removal of dorsal bond wedges, together with arthrodesis of one or more of the tarsal joints. Cutting operations, while sometimes necessary, are always mutilating to a degree and, in the younger subjects, interferes materially with growth. No attempt will be made to describe the many and varied operative procedures now in use for correcting clubfeet. Suffice it to say that nearly any foot can be made to look normal in shape, but not in size. The operation of Doctor Michael Hoke, of Atlanta, Georgia, is, in our opinion, the most logical and the most efficient one to correct and maintain the deranged architecture of clubfoot. The point I wish to make is not so much how the correction is obtained, as the fact that they can be corrected, and that the earlier in life treatment is begun the easier it is, and the nearer normal will be the results.

A word of warning, however, seems necessary here concerning the tendency towards recurrence of this deformity, for it is a common experience to see varying degrees of relapse for several years even after complete over-correction has been obtained. Observation, and whatever treatment seems necessary, should be continued for several years after the primary correction, and especially is this true in the cases treated by manipulation alone. It is during this convalescent stage that braces play their most useful role of holding the foot in its proper position. But when used alone as an active corrective agent braces are, for the most part, worse than useless, and not to be relied upon.

The following photographs, taken before and after treatment, will give the reader a clearer idea than a verbal description of what can be done with these cases. All are indigent children of this state and were treated during the past year by the Florida State Board of Health.

NOTE—A limited number of children with corrective deformities, who are not financially able to secure proper treatment and are not over sixteen years of age, can be cared for by the State Board of Health. For further information, write to the Orthopedic Department of the State Board of Health, Jacksonville, Florida.

ABSTRACT DEPARTMENT

SURGERY

Drainage of the Thoracic Duct in Peritonitis, McGuire, Louis D. Surgery, Gynecology and Obstetrics, vol. XL, No. 5, May 1925.

McGuire, in an effort to ascertain the benefits to be derived from drainage of the thoracic duct in general peritonitis, carried on a series of animal experiments in the division of Experimental Surgery of the Mayo Foundation. This paper is based upon his work which had in view the ascertaining experimentally: (1) Whether bacteria injected into the abdominal cavity in cases of peritonitis can be recovered from the thoracic duct; (2) Whether the fluid from the thoracic duct in these cases is toxic; and (3) Whether animals with peritonitis are benefited by lymphaticostomy.

Using dogs as the experimental animals and bacillus prodigiosus as the microorganism his experiments consisted of making a thoracic duct fistula and then attempting to recover the organisms from the fistula after a pure culture had been injected into the peritoneal cavity of normal dogs, dogs with traumatized peritoneum, and dogs with general peritonitis. These cultures were practically all negative. He then tested the toxicity of the lymph from the fistula in dogs with general peritonitis by injecting it intravenously into rabbits, and found it to be non-toxic.

The dogs with general peritonitis showed no beneficial effect from the lymphaticostomy. His conclusions were:

1. That bacillus prodigiosus, injected intraperitoneally in cases of experimentally produced peritonitis, could not be recovered from lymph from the thoracic duct.

2. That lymph from the thoracic duct in cases of peritonitis in dogs did not appear highly toxic, comparatively large amounts producing no effect when injected intravenously in rabbits.

3. That dogs with experimentally produced peritonitis were not benefited by drainage of the thoracic duct. All of them died.

4. That much experimental work must still be done before surgeons may perform with confidence lymphaticostomy in cases of peritonitis.

J. K. S.

The Transplantation of Distant Skin Flaps for the Cure of Intractable Basal Cell Carcinoma, read at the meeting of the American Surgical Association, Washington, D. C., May 5, 1925, by J. Shelton Horsley, M. D., Richmond, Virginia.

The pathology of basal cell cancer is discussed. There is marked variation in the morphology and structure of certain types of basal cell cancer, from the common small spindle or filament-like cells in closely packed masses to columnar cells arranged as acini. It is suggested that the cause of this variation is that basal cell cancer, being derived from the deep layers of the epidemis, is more closely akin to the hair follicles and sweat and sebaceous glands, which also arise from the deep layers of the epidermis, than spinous cell cancer which begins in the superficial layers. Therefore reversion to gland structure would be more likely to occur in basal cell cancer than in spinous cell cancer.

The rarity of metastases of basal cell cancer is noted. Spinous cell cancer, especially in the more malignant forms, metastasizes readily in the lymph nodes, but basal cell cancer seems to require for its progress a breaking down of the resistance of the adjacent normal tissue, probably by some substances elaborated during its growth. As basal cell cancer occupies areas that are frequently attacked by spinous cell cancer, the cells of a basal cell tumor doubtless have access to the same lymphatics and blood vessels as would the cells of a spinous cell tumor. It is reasonable to assume that these basal cells are transported, but they do not survive because the resistance in the distant tissues inhibits their growth. It seems logical, then, to transplant distant tissue to cover the raw surface left by excision of an intractable basal cell cancer with the expectation that such a flap will tend to prevent recurrence.

Ten cases of intractable basal cell cancer, treated according to the principle of transplanting distant flaps over the area left after the cancer has been excised, are reported. There was recurrence in five of these ten cases, but in no instance was the recurrence in, or in immediate proximity to, the transplanted distant flap. In all of the recurrent cases the cancer was excised and there has been no further recurrence in three cases, while in two where it was difficult to adjust the transplanted flap to the wound the cancer continued. On the contrary, in a patient in whom a distant flap was transplanted in order to cover the raw surface after excision of an extensive spinous cell cancer a recurrence appeared under the flap and quickly invaded the flap. In most basal cell cancers in early stages simple methods of excision with a knife, cautery or paste, or treatment by roentgen-ray or radium, are usually effective, but in a few instances these measures do not avail. It is in these intractable cases that

a thorough excision, preferably with the electric cautery, and transplantation of a flap from a distance afford an opportunity for cure after other methods have failed. The principle of the operation is based upon the peculiar pathology of basal cell cancer in that it does not metastasize.

J. S. H.

DERMATOLOGY

Glucose Tolerance Reactions in Eczema, Samuel Ayres, Jr.

Ayres gives a very interesting and accurate report of experimental work on the glucose tolerance in eczema. This being another recent contribution to the subject following the work of McGlasson. This article is a valuable contribution to experimental work on the unsettled etiology of eczema. The following is the summary of the study:

1. A report is presented dealing with the glucose tolerance reactions in a series of eighty-six consecutive cases of typical eczema.

2. The tests were about equally divided between two laboratories, each using the Folin-Wu colorimetric technic. A few tests were made in two other laboratories, but the results of all four laboratories were in general agreement.

3. The average values of the entire series of cases at the fasting, half-hour, one-hour and three-hour periods were all distinctly higher than the average values at corresponding periods in a large series of clinically normal persons.

4. A normal fasting blood sugar value does not prove that a given case of eczema is not of the hyperglycemic type, since many cases showing markedly decreased tolerance reactions had perfectly normal fasting values.

5. In this series of eighty-six cases, there is no constant association of decreased sugar tolerance with any one definite clinical type of eczema.

6. The percentage of cases in the eczema group showing unusually high values was much greater than in the normal group. Thus, in the eczema group, 12.7 per cent of the eighty-six cases showed readings of 200 mg., or more of sugar per one hundred cubic centimeters of blood two hours after the test meal, as compared with 0.8 per cent of 253 clinically normal persons.

In other words, there were more than fifteen times as many decidedly abnormal reactions in the eczema series as in the normal series at the two-hour interval.

7. In not a single instance in which an abnormal reaction was present had the patient been aware of the existence of any disturbance of his carbohydrate metabolism.

J. L. K.-S.

ROENTGENOLOGY

Oral X-Ray Diagnosis, F. F. Molt, D.D.S. Radiology, March, 1925, p. 242.

It is an accepted fact that by far the greater portion of infectious foci are found above the clavicle, these being practically all primary foci. The author divides them into four groups:

1. Sinuses.
2. Tonsils.
3. Throat and pharynx.
4. Teeth.

The X-ray is of great value in diagnosing involvment of the sinuses and teeth. With a full complement of teeth, there are present possibly thirty-two separate foci. The numerical preponderance of this type of focus, and the importance therefore of careful diagnosis is apparent.

There has been a change of attitude of the dental profession towards dead teeth. Devitalization, which has heretofore been considered an elective procedure, has now been shown to be a practice entailing the most menacing possibilities.

There are still those in the extremely conservative group of the dental profession who will not concede that a dead tooth may be a focus of infection or that teeth have any relation to anything but teeth. This attitude has thrown the burden of oral diagnosis in a great measure upon the physician. Oral diagnosis should be achieved by team work between physician and dentist, each recognizing the other's problems and striving for the good of the patient.

The radiologist is a consultant and the radiographic evidence must first be reconciled with clinical and symptomatic findings before a diagnosis can be made. The radiogram being the basic factor in oral diagnosis should be as nearly perfect as is possible to make it. Many fall short of this standard. Failure may lie in one or all of the following:

1. Lack of a sufficient number of exposures to cover comprehensively all of the teeth and alveolar structures.

2. Improper positioning, or placing of films so that the teeth and other structures are distorted or overlapped.

3. Over or under exposure, or improper development.

Radiology is a comparatively recent innovation and the entrance into practice of many dentists

and physicians antidated its use. The association of teeth with systemic aberrations is likewise comparatively recent. It has been difficult to adapt these new factors to old methods of procedure, hence the impasse. The situation will be improved by more research work along dental lines, more dissemination of knowledge on this subject and actual team work between the two professions. W. M. L. S.

OTO-LARYNGOLOGY

Direct Blood Stream Infection Through the Tonsils, M. Tanaka, M.D., and J. S. Crowe, M.D. Archives of Oto-Laryngology, vol. 1, No. 5, May, 1925.

Clinical experience has demonstrated the fact that a chronic focus of infection in the tonsils may give rise to general systemic disorders. M. Tanaka and Crowe state that the local manifestations in the eye, the optic, the auditory or other nerves; the kidney, the circulatory system or the joints, are often more prominent than are those of the focus from which they originate. The tonsils may be enlarged or may be atrophic and hidden from view by the pillars of the fauces.

There are two possible explanations of the lesions that may be located in part of the body far distant from the original focus of infection, one is the absorption of toxins from the primary lesion and the other is the passage of living bacteria from time to time into the blood stream.

The clinical evidence that many of the general systemic disturbances secondary to chronic tonsilitis are due to the localization of bacteria in the affected area is supported by the following facts:

1. The epithelium that lines the crypt in a normal tonsil has a rich capillary blood supply; the large collecting veins that surround each crypt lie just under the basement membrane.

2. A destruction of this epithelium, in whole or in part, is the most common microscopic finding in chronic tonsilitis. Often the lining epithelium is replaced with scar tissue; occasionally definite ulcers are found. In either case, large numbers of blood vessels have been thrombosed, and they afford a pathway for the entrance of bacteria into the blood stream.

H. M. T.

OBSTETRICS

Management of Occipito-Posterior Position, Scarron, Samuel J. Surg., Gyn. and Obs., vol. XL, No. 5, p. 697.

The author especially describes the indication, use and application of a new forceps invented by Kjelland, which materially aids in the rotation of occipito-posterior positions, without injury to the child as so often seen in double forceps application.

He states that this position occurs in about 20 per cent of cases, but that fortunately the majority undergo spontaneous rotation. In those cases where the head is well flexed, the head will usually undergo spontaneous rotation, in other cases where head is not so well flexed, the frontal eminence is found opposite the acetabulum, instead of the small fontanel. It is these latter cases which will require rotation to an anterior position.

The diagnosis should be made early by abdominal examination and is not difficult unless the patient is obese or abdomen rigid. Combined with vaginal examination the diagnosis should be positive. After all, however, the course of labor is almost pathognomonic of malposition of head. Early ruptured membranes, primary inertia, slow ineffectual pains, especially referred to the back, should suggest this position of the occiput. These cases are divided into two groups for management:

1. When the head is unengaged, membranes intact, and large diameter of head above pelvic brim.

2. When head is engaged but still above iscial spines.

3. When head is low down in pelvis.

In group one most authorities advise rotation by external manipulation of shoulders. The author has never succeeded.

In second group when head is in parturient canal and occiput remains posterior after a reasonable test of labor pains he advises one of several courses:

1. Leave case to follow natural course.

2. Manual rotation of head by external manipulation of shoulders.

3. Manual rotation with forceps extraction.

4. Forceps extraction with occiput posterior.

5. Podalic version.

The author states that the best results are obtained by extension of head, rotation with Kjelland forceps and extraction. A comparison is made of the Kjelland forceps with Simpson's and Elliott's, and shows why the newly constructed forceps have the advantage in both curves over the older type forceps, and why pressure is less likely to be exerted on the baby's head. The difficulty of biparietal application of the older type forceps led Kjelland to study out this new type, and after application they cannot slip, nor

can they compress the head. The advantages of this new forceps are:

1. They are easy to apply in spite of the position of the head and sagittal suture.
2. The position of the head is not altered.
3. It is necessary to introduce only two fingers instead of the whole hand, thereby lessening chances of infection.
4. The biparietal application does not permit slipping of forceps.
5. Better rotation can be obtained because the forceps can be applied in one position.
6. The application aids the normal mechanism in terminating labor.
7. Less force is required. J. H. W.

STATE NEWS ITEMS

Members are asked to forward news items to the Journal for publication.

Dr. H. B. McEwan, who for a number of years has been resident roentgenologist at the City Hospital, Pensacola, Fla., will assume charge of the X-ray department of St. Luke's Hospital at Jacksonville on or about July 1.

Dr. S. R. Norris has entered the ranks of married men, having been united in the bonds of holy matrimony with Miss Johnnie O'Neal on May 6, 1925. The bride and groom are at home at 2730 St. Johns avenue, Jacksonville, Fla.

Dr. J. C. Ellis, Perry, chief surgeon for the Burton-Swartz Lumber Co., at Cypress, Fla., has accomplished a result in malaria control among the employees which has resulted in an industrial economy of many thousands of dollars annually.

Dr. R. R. Killinger is about to become a Benedict, his engagement to Miss Nelle Allen having recently been announced. The marriage will occur at the First Baptist church at high noon June 30.

Dr. H. Mason Smith of Tampa, Fla., has recently completed his new and attractive home in Suburb Beautiful, Tampa, Fla.

Dr. A. E. Conter, Apalachicola, Fla., is the proud father of a newly arrived son.

Dr. B. F. Barnes of the medical staff at the State Hospital, Chattahoochee, is attempting a series of experiments in low wave radio transmission. The doctor is an electrical genius.

Dr. and Mrs. Sheldon Morris and Dr. and Mrs. Kenneth Morris will sail on a world tour on or about July 1st. The party will be absent for about one year.

Dr. R. H. Knowlton of St. Petersburg is spending some time in Europe, having sailed from Montreal last month. A telegram was received by the association during the meeting at St. Petersburg expressing his regrets in not being able to attend and wishing us a most successful meeting.

Dr. Joseph Halton of Sarasota is planning an European trip this summer.

Dr. B. L. McSwain of Arcadia is now taking post-graduate work at the New York Post-Graduate School, but will return home about June 11.

Dr. H. Marshall Taylor, of Jacksonville, read the guest's paper before the last meeting of the Tennessee State Medical Association in Nashville. The title of his paper was "Sinusitis and Swimming, Further Observations of Etiologic Factors."

At a meeting of the members of the Second District, held in Tallahassee, April 15, the Leon-Gadsden County Medical Society was abolished and a new society created, which includes all of the Second District to be known as the "Second District Medical Society." The following officers were elected: President, J. Q. Folmar, of Chattahoochee; Vice-President, J. C. Davis, of Quincy; Secretary-Treasurer, F. Clifton Moor, of Tallahassee.

GENERAL INDEX

	PAGE
A	
Abdominal Pain in Lower Right Quadrant	201
Abstract Department	234
Acute Osteomyelitis	101
Announcement of Scientific Program Committee	164
Another Avenue of Violation of the Harrison Act to be Guarded Against	53
A Plea for the Early Diagnosis and Treatment of Pulmonary Tuberculosis	90
A Study of the Mechanical and Chemical Properties of the Sandspur, etc.	98
Association News	163, 196
A Vital Point in the War Against Tuberculosis	68
B	
Biological Products That May be Obtained from the State Board of Health	84
Birth Registration	71
Bronchoscopic Treatment of a Lung Abscess in One of Advanced Years	194
C	
Cancer Department	81
Cistern Puncture, Its Uses in Diagnosis and Treatment	128
Clinical Experiences with Insulin in the Treatment of Diabetes Mellitus	119
Clinical Studies in Migrane and Epilepsy	23
Community Oral Hygiene	82
Community Health and the Physician	69
Concerning Encephalitis	227
Congenital Clubfoot	231
Curettage	130
D	
Diet in Relation to Consistency of Tooth Structure	48
E	
Editorials:	
Cooperation	54
Dr. Joseph Y. Porter	79
Federal Maternity and Infancy Act	80
Florida and Public Health	79
"Larva Migrans" Clinic	32
No time to Spare	32
Our President	226
The Delinquent	32
The Development of Organized Medicine in Florida	113
The Orthopedic Department of Florida State Board of Health	227
The Present Growth of the Association	31
The Sarasota County Medical Society	114
The Southern Medical Association	112
The St. Petersburg Meeting	226
The St. Petersburg Program	166
The Success of the Journal	226
Ethylene-Oxygen Anesthesia	139
Eventration and Hernia of the Diaphragm, with Report of Three Cases	7
F	
Florida Leprosy Problem	61
G	
Gas Gangrene Complicating Compound Fractures	185
H	
Health Examination	70
High Blood Pressure from the Standpoint of the Oculist	126
Hydatidiform Mole and Report of Case	37
I	
Indications for Mastoidotomy	148
L	
Lethargic Encephalitis	192
M	
Maxillary Sinusitis, Chronic—A Survey of Sixty Cases	173
Menstruation from a New Viewpoint	157
N	
Note Regarding Epilepsy	29
Notes on Lung Pathologies Other Than Tuberculosis	106
O	
Obituary: James Voorhees Freeman, M.D.	137
Officers Pinellas County Medical Society	115
Our Responsibility in Gonorrheal Eye Infection	50
P	
Pains in the Left Abdomen	206
Pain in the Right Upper Quadrant	203
Pre-Eclamptic Toxemia of Pregnancy Complicated by Monstrosity, with Report of Case	42
Proceedings of the Fifty-Second Annual Meeting of the Florida Medical Association	215
Proceedings of the Sixth Annual Meeting of the Florida Railway Surgeons' Association	221
Prophylaxis Against Psychopathies in Special and General Practice	179
Publisher's Notes	29, 54, 86, 118, 138, 162, 166, 196, 211
R	
Regional Anesthesia in Surgery of the Kidneys and Prostate	132
Regional and Block Anesthesia	167
Registration at 1925 Meeting	223
Review from Current Literature	30, 115
Review of a Series of Splenectomy Cases	33
S	
Some Psychotherapeutic Suggestions for the Relief of Indigestion	182
Special Diagnosis	87
Spirochetosis Bronchialis, with Report of Case	123
State News Items	237
Surgery of the Stomach	1
T	
Temporary Hypertrophy of the Pituitary Gland at Puberty with Symptoms of Cerebral Pressure	45
The Clinical Recognition of the Cardiac Irregularities	197
The Full-Time Health Officer	57
Therapeutic Intra-Muscular Milk Injections	189
The Malaria Problem	63
The Non-Operative Treatment of Hemorrhoids	209
The Post-Operative Treatment of Peptic Ulcer	40
The Practical Application of the Minimum Standard	204
The President's Address	213
The Present Status of Deep X-ray Therapy	19
The Problem of the Crippled Child	62
The Relation of Trauma to Malignancy	152
The Sheppard-Towner Act and Its Relation to the Physician	76
The Treatment of Septicemia and Local Infections by Intravenous Injections of the Acridine Compound, Neutral Acriflavine	160
The Use of Diphtheria Toxin-Antitoxin and Anti-Toxin in the Prevention and Treatment of Diphtheria	59
Tonsilectomy Under Local Anesthesia	110
Trauma of the Female Pelvic Organs	144
Traumatic Appendicitis	193
Treatment of Trypanosimiasis	138

INDEX OF AUTHORS

	PAGE
Arms, B. L.	68
Blackmar, R. W.	53
Bitzer, E. B.	119
Brink, F. A.	70
Cunningham, L. W.	7
Davis, J. C., Jr.	160
Day, Gaston	139
DeBoe, Michael P.	126
Dickinson, J. C.	19
Draper, John William	23
Edwards, G. H.	37, 130
Fort, F. L.	231
Gowdy, R. A.	192, 201
Hardy, Geo. E. W.	185
Harkness, R. B.	152
Harris, H. H.	90, 197
Hay, I. M.	204
Helms, John S.	33
Horsley, Shelton J.	1
Hodson, Luther A.	189
Jobson, Alex M. C.	167
Jones, Walter C., Jr.	206
Knauer, William Jerome	194
Lyell, R. O.	203
Maxcy, Kenneth F.	63
MacDonell, Wm. W.	69
McCoy, G. W.	61
McEwan, J. S.	87
Niles, George M.	182
Oetjen, George F.	42
Oppenheim, L. S.	193
Osincup, Gilbert	45
Park, William H.	59
Patterson, J. G.	110
Peyton, Harry A.	40
Pugh, Winfield S.	132
Raap, G.	106
Reid, Laurie Jean	76
Rivers, T. M.	144
Shaw, W. McL.	7
Simpson, J. Knox	62, 101
Smith, H. Mason	128
Taylor, H. Marshall	98
Taylor, Joseph W.	173
Thompson, Stewart J.	71
Tucker, Beverley R.	227
Wallace, J. Brown	123
Washburn, Clayton	50
White, W. J.	57
Williams, Jessie	48
Williams, Tom A.	179
Woolsey, B. F.	53
Young, Anne	157

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